

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011144

DO NOT WRITE
ON THIS STUB

AMENDED

Registration on Form No. 1 APR 27 1962

Primary Registration District No. 1002

Registrar's No.

1445

STATE FILE NUMBER

VS 300
Rev. 4/59

1
2 3508
3
4 0
5 2
6
7 1
8 2
9 161X
10
11
12 86-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Wallace H. Graham Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY MO.		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 35 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WALNUT NURSING HOME.		d. STREET ADDRESS (If outside, give location) 3522 WALNUT.	
3. NAME OF DECEASED (Type or print) First Ernest Middle LOCKLEAR Last		4. DATE OF DEATH Month MARCH Day 12 Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1892 70 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER & PAPER HANGER		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and state or country) WINNSBORO, TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN T. LOCKLEAR		13b. MOTHER'S MAIDEN NAME MAGGIE BAKER	
14. NAME OF HUSBAND OR WIFE ELIZABETH E. LOCKLEAR (DEC)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT RE. LOCKLEAR Address 6821 AGNES KC. MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Squamous Cell Carcinoma Larynx (c) Metastatic Carcinoma Generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 4 Hrs 1 Year 6 Mos	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Jan 5 - 1962 to 11 Mar - 62 and last saw him alive on 11 March 1962. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wallace H. Graham M.D.		22b. ADDRESS 518 Argyle Bldg. KC, Mo.	
22c. DATE SIGNED 12 March 62		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-14-1962	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
24. FUNERAL DIRECTOR ADDRESS MUEHLBACH 6800 TROOST KC. MO.		25. DATE RECD. BY LOCAL REG. 3-12-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

WALLACE
DR. GRAHAM.
REGYR BLDG.
HAI-0111
AFTERNOONS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 8997

P. O. Address K. C. M. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.